PTO/SB/21 (01-08)
Approved for use through 01/31/2008. OMB 0651-0031
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Application Number

			Application	Number	10/626,225-Conf. #4543						
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)			Filing Date		July 24, 2003						
			First Name	d Inventor	Naoyuki ENJOJI						
			Art Unit		1795						
			Examiner Name		J. J. Rhee						
Total Number of Pages in This Submission			Attorney Do	ocket Numbe	TOW-034RCE						
	ENCLOSURES (Check all that apply)										
x Fee Transr	mittal Form	Drawing(s)			After Allowance Communication to TC						
Fee /	Attached	Licensing-rel	ated Papers		Appeal Communication to Board of Appeals and Interferences						
Amendmer	nt/Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
After	Final	Petition to Convert to a Provisional Application			Proprietary Information						
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter						
Extension of	of Time Request	Terminal Disclaimer			X Other Enclosure(s) (please Identify below):						
Express Abandonment Request		Request for Refund			PTO form SB/08 Certificate of Electronic Filing						
X Information Disclosure Statement		CD, Number of CD(s)			Copies of Twelve (12) References						
Certified Copy of Priority Document(s)		Landscape Table on CD		CD							
Reply to Missing Parts/ Incomplete Application		Remarks									
	y to Missing Parts under FR 1.52 or 1.53										
	SIGNATI	JRE OF APPLICA	ANT, ATTO	RNEY, OR	AGENT						
Firm Name	LAHIVE & COCKFIE	ELD, LLP									
Signature	/Anthony A. Laurent	ano/									
Printed name	Anthony A. Laurenta	เทอ									
Date March 19, 2008				Reg. No.	38,220						

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 19, 2008 Electronic Signature for Anthony A. Laurentano: /Anthony A. Laurentano/

PTO/SB/17 (10-07)
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to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no person are required to resp

Under the Fa	Derwork neduction Act of	1995, no person are re	quileu io	respond to a collectio				5 CONTROL HUMBE	
	Effective on 12/08/2	Complete if Known							
·	the Consolidated Approp	/ ipplication rankel		10/626,225-Conf. #4543					
FEE TRANSMITTAL						July 24, 2003			
	For FY 20			Naoyuki ENJOJI					
	1011120	Examiner Name J		J. J. Rhee					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1		1795				
TOTAL AMOUNT OF PAYMENT (S		(\$) 180.00	(\$) 180.00		Attorney Docket No.		FOW-034RCE		
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	Nor	ne Other (	please identify	):			
x Deposit Ac	count Deposit Account N	Number: 12-	0800	Deposit a	Account Name:	Lahive 8	& Cockfiel	d, LLP	
For the	above-identified depo	sit account, the Di	irector is	hereby authorize	ed to: (check	all that apply)			
x Ci	narge fee(s) indicated	l below		Charge	e fee(s) indi	cated below, e	xcept for t	the filing fee	
x CI	harge any additional f e(s) under 37 CFR 1.	ee(s) or underpayı 16 and 1.17	ments o	f x Credit	any overpa	yments			
FEE CALCUL	` '								
1. BASIC FILIN	G, SEARCH, AND EX	XAMINATION FEE	S						
	FII	LING FEES	SE	ARCH FEES	EXAMINA	ATION FEES	;		
Application Ty	ype Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos	Paid (\$)	
Utility	310	155	510	255	210	105	1003	<u>1 αια (ψ)</u>	
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLA		103	v	O O	V	O .		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
	r 20 (including Reiss				50	25			
Each independe	nt claim over 3 (inclu	uding Reissues)				210	105		
Multiple depend	dent claims						370	185	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims		<u> </u>	
		· =			<u>Fee</u>	<u>(\$)</u>	Fee Paid (	<u>\$)</u>	
	ber of total claims paid for								
Indep. Claims Extra Claims Fee (\$) Fee P			Paid (\$)						
HP = highest num	ber of independent claims	paid for, if greater than	n 3.						
listings und	on SIZE FEE ation and drawings ex ler 37 CFR 1.52(e)), section thereof. See 3	the application siz	e fee du	e is \$260 (\$130 f	onically file for small en	ed sequence or tity) for each a	computer dditional 5	50	
Total Sheet			` ′	dditional 50 or frac	ction thereof	Fee (\$)	<u>Fee</u>	Paid (\$)	
-	100 =	/50 =		(round <b>up</b> to a who	ole number) x		=		
4. OTHER FEE(	• •						Fees	S Paid (\$)	
C	Specification, \$130	,	•	*					
Other (e.g., l	ate filing surcharge):	1806 Submissi	on of a	n Information D	isclosure S	Statement	1	80.00	
SUBMITTED BY						_			
Signature	/Anthony A. Laure	nthony A. Laurentano/		Registration No. (Attorney/Agent)	38,220	Telephone	(617) 994-0753		
Name (Print/Type)	Anthony A. Laure		Date March 19, 2			9, 2008			

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